

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
AUG 15 2017
Bayfield Co. Zoning Dept

ENTERED

Permit #:	17-0377
Date:	9-18-17
Amount Paid:	1609 8-15-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>LAURENCE PACINI</u>	Mailing Address: <u>16350 BUSCH TOWN RD</u>	City/State/Zip: <u>HELBSTER, WI 54844</u>	Telephone: <u>715-562-3794</u>
Address of Property: <u>16350 BUSCH TOWN RD</u>	City/State/Zip: <u>HELBSTER, WI 54844</u>	Contractor Phone: <u>715-562-0099</u>	Cell Phone: <u>800-9-501-3333</u>
Contractor: <u>IDE HOKANSON</u>	Agent Phone: <u>715-562-0099</u>	Plumber: <u>WT 54844</u>	Plumber Phone: <u>WT 54844</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: Legal Description: (Use Tax Statement) <u>1/4 1/4 1/4</u>	Tax ID# (4-5 digits) <u>11612</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R- _____	
Gov't Lot _____	Lot(s) _____	CSM _____	Vol & Page _____
Lot(s) _____	CSM _____	Vol & Page _____	Lot(s) No. _____
Block(s) No. _____	Subdivision: _____	Lot Size _____	Acres <u>40</u>
Section <u>15</u> , Township <u>50</u> N, Range <u>07</u> W	Town of: <u>COVER</u>		

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u>	Distance Structure is from Shoreline: <u>Intermittent Stream 1160'</u>	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>\$ 24,000 +</u> <u>30,000</u> <u>54,000</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Sewer
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>METRO</u>	<input type="checkbox"/> Sewer
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Sewer
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Sewer
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>27'</u>	Width: <u>40'</u>	Height: <u>10'</u>
Proposed Construction:	Length: <u>27'</u>	Width: <u>48'</u>	Height: <u>10'</u>

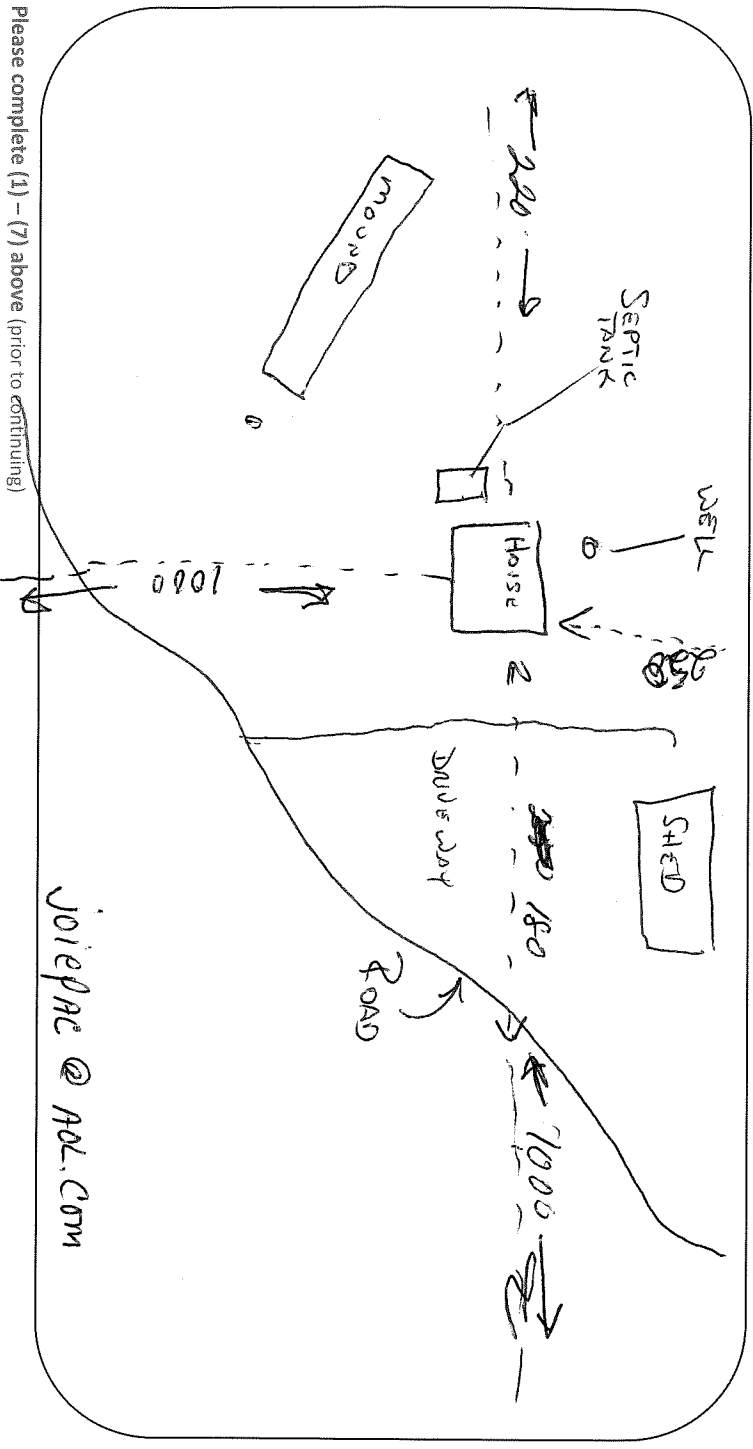
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>CLOSET / PAINTERY - FAMILY RM</u>	(<input type="checkbox"/> X <input type="checkbox"/>)	<u>308</u>
	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	<u>324</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of the information provided and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) and (we) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purposes of inspection.

Owner(s): Laurence Pacini Date 8-15-2017
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	190' 240'	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	142'	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	252'	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	1000'	Setback from Wetland	— Feet
Setback from the West Lot Line	280'	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	220'	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	—	Setback to Well	60 Feet
Setback to Drain Field	195 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 17-1055	# of bedrooms: 3	Sanitary Date: 9-15-17			
Permit Denied (Date):	Reason for Denial:					
Permit #: 17-0372	Permit Date: 9-18-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	staked				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: work addition site staked						
Date of Inspection: 8-28-17	Inspected by: JC Murphy					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)						
Signature of Inspector:						Date of Approval: 9-18-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

ty, village, State or Federal
May Also Be Required

AND USE – X
SANITARY – 17-105S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0377** Issued To: **Pacini Family Trust / Lawrence Pacini, Agent**

Location: **NE** ¼ of **NW** ¼ Section **15** Township **50** N. Range **7** W. Town of **Clover**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1.5- Story; Closet / Pantry (8' x 26') = 208 sq. ft.;
Family Room (12' x 27') = 324 sq. ft.] Total Overall = 532 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

September 18, 2017

Date

APPLICATION FOR RECREATIONAL VEHICLE

ENTERED

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Fifth Street
Washburn, WI 54891
Phone - (715) 373-6138

RECEIVED

JUL 26 2017

Bayfield Co. Zoning Dept.

Office Use:

Zoning District/Lakes Class _____

Application No. 170381

Date 9-18-17

Fee Paid 175 7-26-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Property Owner James & June Farkas

Property Address of RV placement. 8916S BARK POINT RD
HERBSTER WI 54844

Mailing Address 4 Bennington Rd.
Superior WI 54884

Agent: _____

Telephone 218-428-0452

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request:

1/4 of 1/4 of Section 2 Township 51 N. Range 7 W. Town of CLOVER
Gov't Lot 1 Lot 1 Block _____ Subdivision _____ CSM # 1029
Volume 6 Page 345 of Deeds Parcel I.D. # 12072 Acreage 23.0

Additional Legal Description: S 26/T 51/R 07W

ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☒ No ☐ If Yes, Distance from Shoreline: 75' or greater ☒ < 75' to 40' ☐ less than 40' ☐

RV: New ☐ Replacement ☐

Year: 2003 **Vin #:** 4YDT299243120-

Make of RV: KEYSTONE

Model of RV: 299 RLS 8264

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Zoning District/Lakes Class: _____

Permit Issued:

Sanitary Number 120244 **Date** 7-12-14

Issuance Date 9-18-17

Permit Number 17-0381

Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: _____

By JCMurphy

Date of Inspection 8-28-17

Variance (B.O.A.) # N/A

Condition: RV may be placed up to 4 months from issuance date. **Must be removed by:** no expiration

Signed _____

Inspector

Date of Approval 9-18-17

on TB approval.
Director agrees.

and use frontage road as a guideline, and indicate North (N) on plot plan

Show the RV (Recreation Vehicle) location

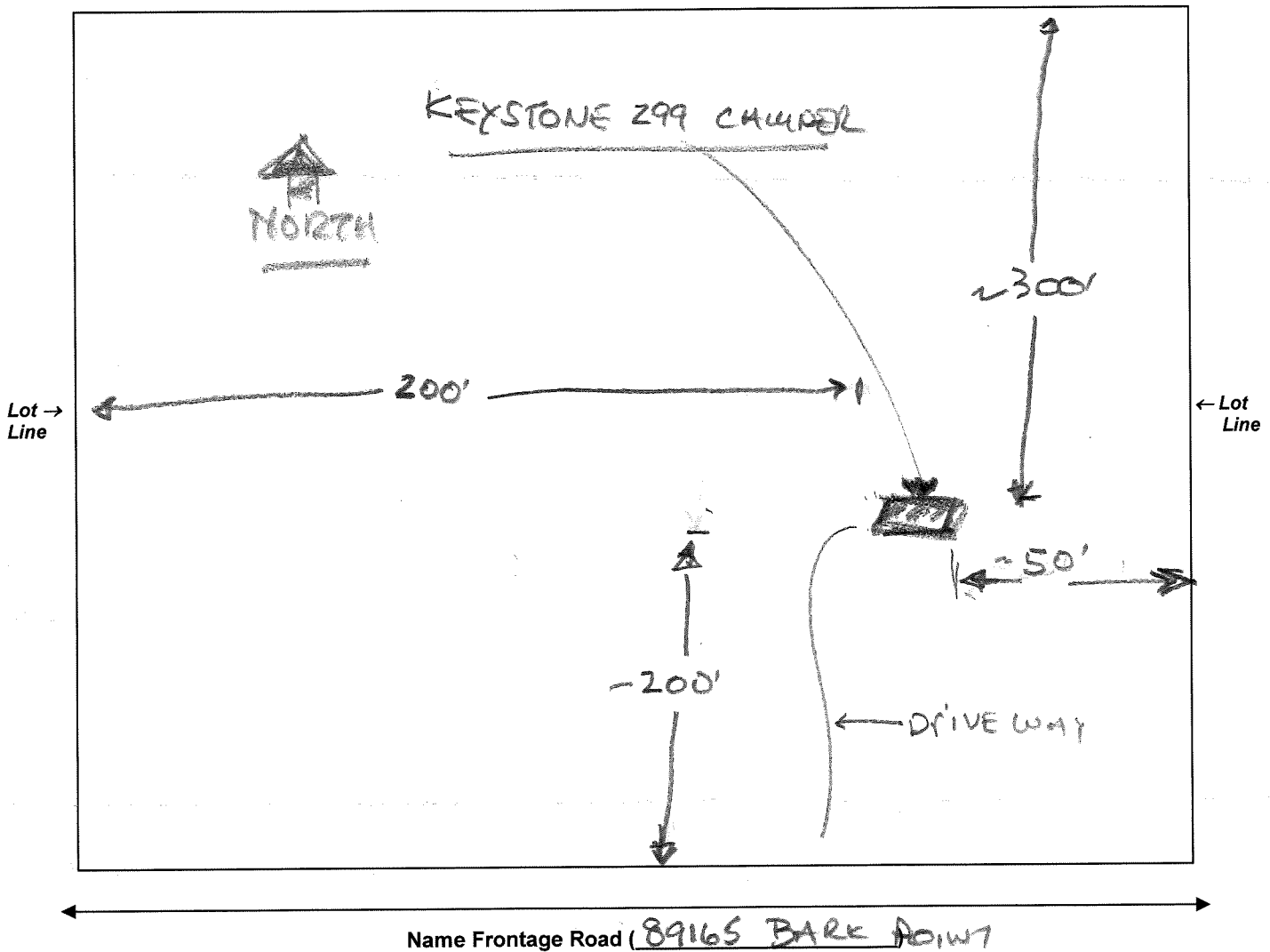
3. Show dimensions in feet on the following:

- a. RV from centerline of road(s) ~ 225'
- b. RV from right-of-way line ~ 190'
- c. RV from property lines ~ 50'/200'

IMPORTANT
Detailed Plot Plan is Necessary

- d. RV from lake, river, stream or pond ~ 300'
- e. RV from Privy

Lot Line



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent _____ Date _____

Address to send permit #4 Bennington Road Superior WI 54880

City, Village, State or Federal
Permits May Also Be Required

LAND USE - X
SANITARY - X (Composting Toilet)
SIGN -
SPECIAL - Class A
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0381**

Issued To: **James & June Farkas**

Part of the

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **26** Township **51** N. Range **7** W. Town of **Clover**

Gov't Lot

Lot **1**

Block

Subdivision

CSM# **1029**

For: **Recreational Vehicle (RV) and Privy (Composting Toilet)**

Make: **Keystone** Model #: **299RLS** Vehicle #: **4YDT2992431208264** Year: **2003**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition:

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

September 18, 2017

Date